

PUBLIC RELATIONS FORUM

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VII. DOCTORS AND DOLLARS

THE HUMAN SIDE of medicine collides with the business side when the patient asks: "How much will it cost?" To suggest that this collision need not occur is unrealistic. Almost everyone who incurs doctor, hospital or drug bills has a hidden, if not overt, resentment of these costs. The patient's attitude is "I didn't want to be sick. Now I'm stuck with all these bills."

Paying medical bills is not like paying for a new car or television set or even a new suit. A patient rarely has anything tangible to show for his medical purchase—unless he can find comfort in the scars of his operation! His gratitude for the doctor's services often fades fast once he begins to recover. So the collision *will* take place. A human, realistic approach to the economic aspects of medical care can, however, soften the impact. The following discussion of such an approach draws liberally on material based on the experience of several public-relations-minded doctors.

The patient's complaint about fees stems from (1) the size of the bill, (2) failure to understand the charges made, and (3) methods of collection. In the first two realms misunderstanding can be avoided if physicians discuss medical fees in advance. The third area of friction can be greatly reduced by promoting early payment, proper business practices, assisting the patient in payment, and encouraging membership in prepayment plans.

Doctors traditionally have shied away from financial discussions with patients. But financial gain in medicine is a necessary consideration—albeit subordinate. The doctor is entitled to a just fee and must feel right about charging that fee. By the same token, the patient must learn to accept the doctor's moral right to charge a fee and consider the cost of medicine as a desirable "investment."

The answer lies in a mutual understanding of the financial problems of both doctors and patients. The first step in the development of that understanding is advance discussion of the probable bill. It is here that the provincial schedule of medical fees can be very helpful. It serves to reassure the patient that the proposed charges are standard and reasonable.

The doctor should be prepared to give his patient an estimate of the cost of anticipated care. The physician who believes he soothes his patient, saying "Don't you worry about the money—just concentrate on getting well," is side-stepping his responsibility.

Some doctors give patients an estimate of medical expenses before hospitalization. Such estimates should extend beyond the doctor's own

charges. For example, if a patient is to undergo surgery, the doctor should explain the cost of the operation, the anaesthetist's fee, charges for x-rays and drugs, laboratory fees, home, hospital and office call charges, as well as the approximate hospital bill. This last item is important. People are inclined to blame the doctor for all medical costs, including hospital charges. The advance estimate provides an opportunity to set the record straight.

Discussing fees in advance can help the doctor win his patients' confidence. He can boost his public relations rating even higher by helping patients cut their medical costs.

Cost of illness can be reduced in many ways. First of all the physician should not sell short the office visit. Whenever possible, he should point out to patients that it is more economical for him to treat them in the office than in their home or in the hospital. The telephone helps to reduce home and office calls.

The doctor can reduce medical costs, too, by performing only those tests and procedures which will directly help in diagnosis and treatment. The doctor should have some idea of the cost of the items he is prescribing and work up comparative price lists. This knowledge will help him reduce the patients' drug bills considerably. At the same time he should avoid prescribing drugs in large quantities unless absolutely necessary. Frequently, when he has recovered from his illness, the patient finds himself with drugs left over—drugs he will probably never use again. This is money down the drain.

Then there is the problem of the patient who finds it difficult to meet even the average medical bill. This poses the question: "Reduce the bill or cancel it?" The decision must be the doctor's. There are two prevailing philosophies on this question. One belief is that a doctor should reduce his fee in the hardship case, but not cancel it in order to save the patient's pride; the man who pays a small sum toward his expense does not feel like a charity patient.

The second philosophy is that a doctor should never reduce, but completely cancel a fee if necessary. This evolves from the thought that a doctor should not bargain with his patients about charges.

Here are some suggestions to guide a physician in deciding whether or not a fee should be reduced or cancelled:

1. Get adequate information about the patient's financial status.
2. Encourage advance fee discussions.
3. When a patient requests a lowered fee, investigate locally to find out whether the person is a bona fide needy case or a fake.
4. Determine whether or not needy persons are eligible for public assistance programmes. If so, put them in contact with these groups.
5. When referring patients to another doctor, send financial information.

6. Make financial arrangements which best serve the interest of the patient.

The doctor should help patients to pay their medical bills. There are two ways in which this can be done. One is by providing means by which the patient may spread his payment over a period of time—the instalment plan. The other is encouraging membership in voluntary prepayment health insurance plans.

Instalment buying has become so much a part of our way of life that there is no reason why medical care should not be purchased in the same way. It is not too mercenary to help a patient budget for his medical care.

The instalment method of paying need only apply to large bills. It is generally wise to encourage patients to pay for routine visits before they leave the doctor's office. Promoting pay-as-you-go plans eases the strain on the patient's pocketbook and cuts billing and collecting procedures in the doctor's office. Many people come to the doctor's office prepared to pay but leave without paying because they hesitate to bring the subject up themselves. The doctor can smooth the way and relieve the patient's uncertainty by saying at the end of the visit: "My usual charge for an office call is \$3. If you would like to pay today, please stop at my secretary's desk as you leave." Or, when the patient stops at the secretary's desk to make another appointment, she can say: "Would you like to pay for your visit today?" as she reaches for her receipt book.

Payment plans can be handled in the doctor's own office by him or his secretary. For example, in fixed fee cases such as baby inoculations, it is easy to work out an instalment plan merely by dividing the total sum by the probable number of calls or number of months during which the care will be provided and asking the patient to pay a portion of the sum at monthly intervals or at each visit.

Let us imagine a patient comes to the doctor's office during the third month of pregnancy. She can work out a seven-month payment plan with the doctor and make her last payment correspond with her last postnatal visit.

The instalment plan may also be used for patients who are behind in payments. Instead of mailing out monthly bills, the doctor might send out a small card worded something like this: "Rather than mail you your statement, I am sending you this card so you may remit small monthly payments to clear up your account. Just return your cheque or a cash amount with this card, and we will receipt it and return it again next month." This informal approach eliminates the fear and antagonism engendered by threatening collection letters. It also provides an "out" for the patient who is embarrassed by a long-overdue account.

The second method of payment—the voluntary prepayment plan—is the profession's own ap-

proach to the problem of meeting the cost of medical care. Each year the number of subscribers to such plans increases by thousands. Every doctor can help promote these plans to his patients and in so doing helps them and the profession. It is an especially good idea to recommend membership in the plans to slow-paying patients or to those who seem to be having financial difficulty.

The doctor must, of course, guard against overuse of the prepayment plans. He must do so to protect his own interests as well as those of the patient. If they are abused, premium rates could rise to a prohibitive point at which the law of diminishing returns would become active. Subscribers would drop away and add their voices to the clamour for national health insurance.

A final word on the doctor's bill. For years these were sent out bearing the familiar phrase "To Professional Services", the sum owed and nothing more. Often bills were mailed irregularly—sometimes not sent out at all. Today people expect to receive statements for their purchases. Most of them plan their budgets around first-of-the-month bills. This suggests that the doctor must do two things:

1. Send bills regularly.
2. Itemize charges.

Patients are entitled to know what charges are for. It is also good business and good public relations. As time elapses after treatment, the patient may forget that he was treated at the doctor's office four times instead of three. On the surface of the unitemized bill it may appear to him that he has been overcharged.

The simplest method of itemizing bills is to allow space below "To Professional Services" on which to list the separate charges for office, house and hospital calls and for tests and treatment.

Punctuality in billing encourages prompt payment. If the doctor is negligent and doesn't send a bill for several months after treatment, the patient may justifiably deduce that the doctor doesn't attach much importance to the bill and postpone payment, sometimes indefinitely.

Human nature being what it is, there will always be delinquents on the physician's books. Suggestions for good public relations, practices in collecting overdue accounts, will be discussed in the eighth article in this series.

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